ETON RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the

Medical Officer of Health

and the

Chief Public Health Inspector

FOR THE YEAR 1961

ETON RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the

Medical Officer of Health

and the

Chief Public Health Inspector

FOR THE YEAR 1961

ETON RURAL DISTRICT COUNCIL.

Public Health and Cleansing Committee, January to May, 1961.

Chairman : . .

Councillor J. R. V. DUTTON

Vice-Chairman :

Councillor Mrs. D. W. HARRIS

Councillor T. BARTLETT
,, T. A. BENNETT
,, F. G. CROKER
,, P. DAVIES (Chairman)
,, C. S. DINGLEY
,, Mrs. G. HEATON
,, E. R. NEVILLE
,, C. G. PAGE
,, J. H. PAINTER
,, Mrs. M. A. PHILLIPS
,, Mrs. D. E. A. RHYS-JONES
,, Mrs. C. L. ELLIOTT

Public Health and Cleansing Committee, May to December, 1961

Chairman :

Councillor J. R. V. DUTTON

Vice-Chairman :

Councillor Mrs. D. W. HARRIS

Councillor T. BARTLETT
,, Mrs. E. M. COLES
,, F. G. CROKER
,, P. DAVIES (Chairman)
,, Mrs. C. L. ELLIOTT
,, Mrs. G. HEATON
,, D. JOHNS
,, E. R. NEVILLE
,, C. G. PAGE
,, J. H. PAINTER
,, Mrs. M. A. PHILLIPS

STAFF OF THE PUBLIC HEALTH DEPARTMENT, 1961

Medical Officer of Health :

G. M. Hobbin, B.COM., M.B., CH.B., D.P.H.

Chief Public Health Inspector :

A. H. V. Marsden, (CERT. R.S.I.), M.A.P.H.I.
Cert. Inspector of Meat and Other Foods

Deputy Chief Public Health Inspector :

S. Pape (CERT. R.S.I.), M.A.P.H.I.
Cert. Inspector of Meat and Other Foods
R.S.H. Smoke Inspector's Certificate

Additional Public Health Inspectors :

N. F. Collier, (CERT. R.S.I.), M.A.P.H.I.
Cert. Inspector of Meat and Other Foods

K. A. Chester, (CERT. R.S.I.), M.A.P.H.I., M.R.I.P.H.H.
Cert. Inspector of Meat and Other Foods

P. E. Parbery, (CERT. R.S.I.), M.A.P.H.I., A.M.I.P.H.E., A.R.S.H.
Cert. Inspector of Meat and Other Foods
R.S.H. Smoke Inspector's Certificate

Chief Clerk :

A. Shaw (appointed 2.1.61)

Rodent Officer :

R. A. Ward

Senior Assistant :

H. W. Fry

Clerk to the Medical Officer of Health :

Miss E. M. Smith

Shorthand-Typist :

Mrs. C. E. Parsons

Junior Clerk :

Miss V. D. Ritchie (resigned 2.6.61)
Mrs. D. Hyde (appointed 5.6.61, resigned 3.11.61)
Miss S. Mold (appointed 13.11.61)

ETON RURAL DISTRICT

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1961

To the Chairman and Members of the Council :

MR. CHAIRMAN, LADIES AND GENTLEMEN,

It is my privilege to present the annual report on matters of health relating to the district for the year 1961.

Following my usual custom the vital statistics are in accordance with the directions of the Ministry of Health and other statistical material is shown in tables to facilitate comparisons.

The population of the district is still increasing rapidly and the large influx of new immigrants to the Britwell Estate has continued. Extensive building of new dwelling houses throughout the whole district has also affected the population by making scope for new inhabitants migrating from other parts of the country and this is particularly applicable in this district which is well known as a dormitory of London. Many people who have lived in more distant parts wish to move nearer to the capital. The Registrar General's estimation of the mid year population is 66,840, which is an actual increase of 2,880 over the previous year. The natural increase, viz. births minus deaths was 629. The difference between the actual increase and the natural increase represents the number of new immigrants. We have in our office an accurate record of all the new immigrants to the Britwell Estate and this figure for 1961 is 1,271, made up of 698 adults and 573 children. Calculating from the Registrar General's figures the number of new immigrants to the remainder of the district excluding Britwell was 980. Both births and deaths show a slight decrease from the previous year and infant mortality and neo-natal mortality have also decreased. There were no deaths due to maternal mortality. I may say that it is always pleasing to record a decrease in infant mortality because apart from saving lives it is generally accepted as evidence of good work by the health and welfare authority.

It is disappointing to note that we have had an increase in the number of notifications of Dysentery as this disease need not occur if proper care is taken about personal hygiene and food storage. Otherwise, Measles has once again set up a new record with 1,352 cases and Tuberculosis (Primary Notifications) and Pneumonia have also increased slightly, while Scarlet Fever and Whooping Cough have fallen considerably. We have not had to face any great problems with regard to infectious diseases but a stubborn case of Salmonella Typhi.Murium.Food Poisoning was encountered. The patient became ill on the last day of July, 1961, when he was removed to an isolation hospital for treatment, but he discharged himself from hospital while still infectious. By that time he was feeling well and as his occupation was not one that would endanger the public he was allowed to continue treatment at home by his own doctor and return to duty but supervision by the health department was to continue. Numerous specimens were examined at the laboratory during the following months but consecutive negatives could not be obtained. His own doctor stated in November that he could not give the man any more drugs. The case was followed up until the Spring of 1962 when the question of further action was being considered as the patient had refused further hospital treatment. Luckily on 5/4/62, a negative result was obtained and two following specimens at about weekly intervals also proved negative which brought a difficult case to an end.

During the year under review progress has been made in the field of vaccination and immunisation. Circumstances have altered since the Medical Research Council first published their report on Immunisation and Neurological Lesions and in view of this the scheme of preventive inoculations and vaccination has been adjusted so as to discontinue the use of single antigens (vaccines) only and to substitute combined antigens against Diphtheria, Whooping Cough and Tetanus. The scheme has also been altered so as to obtain the maximum protection by not giving any injection before the age of 6 months and by carrying out vaccination against Poliomyelitis before using the triple vaccine against the other diseases mentioned above. Vaccination against Smallpox (which is not an injection) is the only protective measure offered before the age of 6 months in the new scheme. Further advances have been made in the case of Poliomyelitis vaccination by the introduction of the Oral ("Sabin") vaccine in place of the injection of "Salk" vaccine. There are certain advantages of course in giving a vaccine by mouth instead of by injection but at present the oral vaccine will not be used for vaccinating anyone outside the priority groups (i.e. those from 6 months to 40 years and those over 40 who are at special risk). There are many instructions governing the use of oral vaccine and priorities which I need not detail here but these are all necessary during the transitional stage and are for the benefit of the public who will be all the more fully protected.

We have continued to make use of the Public Health Laboratory Service at Reading where various samples are taken regularly.

Just recently I was very disturbed about the temporary suspension of this service for our district and as we did not know how long the suspension which was due to lack of staffing might last, attempts were made to find an alternative laboratory. Luckily, before other arrangements could be concluded, Reading was once again able to offer us their services. Laboratory examination of samples is one of our greatest protections during the warmer summer months. Although our water supply is very reliable I am particularly anxious that we should continue to examine water samples whenever this appears to be necessary and we have in addition to drinking water undertaken to examine swimming pool waters for a number of years and I think we have a duty to continue this. Nowadays we tend to take the purity of our water supplies for granted but there are still occasions on which samples should be taken. We are all very well acquainted with bacteriological and chemical tests but we must bear in mind the new hazards of radioactivity and viruses which may cause us to renew our interest in the treatment of water supplies. Also, no matter how pure our water supplies may be there is always the problem of workers employed by the water authority who may be carriers of disease and with the employment of immigrants from abroad the type of carrier may not be what we are accustomed to in this country but may include parasitic worms normally found only in other countries and in people who have lived abroad. Examination for carriers is always difficult as excretion of the infection is nearly always intermittent.

Regarding radioactivity, three establishments of the United Kingdom Atomic Energy Authority discharge some radioactive waste to the River Thames. Although the Thames forms one of our boundaries this need not worry us but one of the three establishments (at Amersham) discharges some waste to sewers in West Hertfordshire and thus eventually to the River Colne. While we are assured that strict supervision of these discharges prevents any dangerous contamination of the water, Public Health Officers in this district should bear in mind that we are bounded on two sides by rivers containing radioactive waste. The chief danger of radioactivity in water supplies is through an accident. I have no reason to expect such an accident, as our water supply before purification is not derived from the river as is the case elsewhere, but our job is prevention and prevention usually means anticipation. Perhaps it would be as well in our leisure time to think up an outline plan of action to safeguard consumers in the event of contamination of this nature as accidents have a habit of occurring in the most unpredictable situations. We need to know much more about the possible importance of pathological viruses in water. Laboratory strains of poliomyelitis and other viruses are slightly more resistant than bacteria to chlorination and this leads to the conclusion that if we want to make our water supply comprehensively safe for drinking we should re-examine our methods of water purification and standards of purity. With the introduction of tissue-culture methods for virus isolation it is now possible to examine river water

for contamination by pathogenic viruses discharged in sewage effluents. It is conceivable that the examination of an effluent in this way might in particular circumstances be of assistance in locating a source of contamination.

I feel it is worth commenting that too many people still unthinkingly accept accidents as misfortunes over which the individual has no control. Too often one hears the statement "Accidents will happen", as if that excused everything, but if the circumstances in any case are studied, whether in the home or school, on the road or farm, or almost anywhere, it can usually be seen that it might have been avoided or at least ways can be found to reduce the number or seriousness of such happenings. Accidents are not as a rule chance events which just "happen". Almost always they are the outcome of a chain of causes and most of them can be prevented. We may of course be lucky in this district in that we have not suffered as much as some others in this respect, but can our luck last ? Our population is increasing ; there are new immigrants to our district and more children and young people. Investigations carried out elsewhere have shown that more children and young people under 20 die from accidents than from all other causes combined. The majority of accidents happen in situations which are generally thought to be safe. It might be wise therefore to ponder now and then on preventive measures while we still feel we are safe. As children and young people are so vulnerable the best hope of accident prevention is almost certainly through more intensive safety education as part of the school curriculum. While on this subject of safety education I would like to refer to a very topical matter of health education which could also be more satisfactorily dealt with as part of the school curriculum, viz. tobacco smoking and principally cigarette smoking. The literature connecting cigarette smoking and lung cancer has recently been reviewed by the report of the Royal College of Physicians on "Smoking and Health", which also makes various suggestions for possible action to discourage the smoking habit and particularly its prevention amongst the young. Surveys on this subject have been carried out by various people or organisations in various areas or countries and the findings are always interesting and very helpful. A few of the points noted from these investigations are :—

"Many children have had smoking experience by 8 years of age."

"Whereas 12 year old school boys smoked regularly (at the Secondary Modern Schools investigated) there was a doubling of the percentage in the 13 year old age group."

"Boys smoke more than girls but one report found the position reversed as regards university students and nurses."

"Children's smoking habits are related to those of their parents, the girls' smoking habits being particularly dependent on that of their mothers."

"When neither mother or father smoked regularly the child was less likely to do so."

"A higher proportion of boy smokers occurred in those who participated to a lesser degree in athletics and also in other school activities."

"Educational preventive measures should start casually with the youngest children and be greatly intensified at about 13 years of age and continued to about 18 years when the greatest danger of one becoming a habitual smoker is over."

"In one area it was found that men who were not churchgoers were more likely to smoke than those who were churchgoers and were also more likely to smoke heavily."

"Non-smoking tended to be associated with abstention from alcohol."

"Child smoking is largely experimental and children persist with their experiments not for any pleasure they get out of them but in imitation of adults, also as a matter of prestige to demonstrate their maturity. These experiments soon lead to the path of addiction."

Medical opinion stresses that lung cancer is potentially a preventable disease through a reduction in cigarette smoking and air pollution. The reduction of cigarette smoking in the case of adults is a personal and individual matter but in the case of children much could be done by parental example and teaching in schools regularly as part of the curriculum.

Although we are unable at present to do anything about the personal smoking habits of the individual members of the community it is encouraging to know that we can if considered necessary do something about pollution of the atmosphere with household smoke or furnace smoke. There can be little doubt that there is a close association between this type of smoke and Bronchitis, a disease from which a large percentage of the population suffers, either acutely or chronically. More recently also there is evidence showing association between household smoke and cancer of the lung but the chances of inhaling this type of smoke in quantities similar to the inhalation of cigarette smoke are obviously small. It is more likely that diesel smoke from vehicles in congested traffic areas would offer greater opportunity for the inhalation of polluted air in dangerous concentrations in a district such as this. I am glad however to say that we have been able to do something about the investigation of atmospheric pollution in that we have had established for some months at Burnham an Atmospheric Smoke and Sulphur Dioxide Measuring Station and we may perhaps be able to extend these investigations to other parts of the district.

I should like once again to thank all Members as well as the public health inspectors and staff for the help which I have always received.

I am,

Your obedient Servant,

G. M. HOBBIN,

Medical Officer of Health

SECTION I

GENERAL STATISTICS

Area (Land and Inland Water)	35,537 acres.
Number of inhabited houses	18,713
Rateable value	£1,220,152
Product of Penny Rate	£4,969.5. 4d.
Population (Registrar General's estimate for mid-year 1961)	66,840

VITAL STATISTICS

Live Births	*Male*	*Female*	*Total*
Legitimate	574	540	1,114
Illegitimate	20	23	43
	594	563	1,157

Live Birth Rate per 1,000 population	17.3
National Rate	17.4
Comparability Factor	0.86
Illegitimate live births per cent of total live births	3.71

Still Births	*Male*	*Female*	*Total*
Legitimate	7	11	18
Illegitimate	–	1	1
	7	12	19

Still Birth Rate per 1,000 total births	16.16
Still Birth Rate per 1,000 population	0.28
National Rate per 1.000 total births	18.9
Total live and still births	1,176

Infant Mortality (Deaths of Infants under 1 year of age)

	Male	*Female*	*Total*
Legitimate	12	8	20
Illegitimate	1	1	2
	13	9	22

Infant Mortality Rate per 1,000 live births	19.0
Legitimate infant deaths per 1,000 legitimate live births	17.95
Illegitimate infant deaths per 1,000 illegitimate live births	46.5
National Rate	21.4

Neo-Natal Mortality (Deaths of Infants under 4 weeks of age)

	Male	*Female*	*Total*
Legitimate	8	7	15
Illegitimate	1	1	2
	9	8	17
Neo-Natal Mortality Rate per 1,000 live births			14.7

Early Neo-Natal Mortality (Deaths of Infants under 1 week)

	Male	*Female*	*Total*
Legitimate	8	7	15
Illegitimate	1	1	2
	9	8	17
Early Neo-Natal Mortality Rate per 1,000 live births			14.7

Peri-Natal Mortality Rate (Stillbirths and deaths under 1 week)

Number of stillbirths and deaths	36
Peri-Natal Mortality Rate per 1,000 total live and still births	30.6

Maternal Mortality

Total from all causes (including abortion) ..	Nil
Death Rate per 1,000 live and still births ..	Nil
National Rate	0.33

Deaths	*Male*	*Female*	*Total*
Number of deaths	261	267	528
Crude Death Rate per 1,000 population ..			7.9
Corrected Death Rate—allowing for sex and age (Comparability Factor 1.28)			10.11
National Rate			12.0
Ratio of Corrected Death Rate to National ..			0.84

CAUSES OF DEATH in the Eton Rural District during 1961

		Male	*Female*	*Total*
1.	Tuberculosis, respiratory	1	1	2
2.	Tuberculosis, other	–	–	–
3.	Syphilitic Disease	–	–	–
4.	Diphtheria	–	–	–
5.	Whooping Cough	–	–	–
6.	Meningococcal Infections	–	–	–
7.	Acute Poliomyelitis	–	–	–
8.	Measles	–	–	–
9.	Other infective and parasitic diseases	–	1	1
10.	Malignant neoplasm, stomach	9	3	12
11.	Malignant neoplasm, bronchus	18	5	23
12.	Malignant neoplasm, breast	–	7	7
13.	Malignant neoplasm, uterus	–	4	4
14.	Other malignant and lymphatic neoplasm	34	22	56
15.	Leukaemia, Aleukaemia	1	3	4
16.	Diabetes	–	–	–
17.	Vascular lesions of nervous system	28	47	75
18.	Coronary disease, angina	67	47	114
19.	Hypertension with heart disease	3	6	9
20.	Other heart disease	26	41	67
21.	Other circulatory disease	5	15	20
22.	Influenza	3	4	7
23.	Pneumonia	8	13	21
24.	Bronchitis	11	7	18
25.	Other diseases of respiratory system	4	1	5
26.	Ulcer of stomach and duodenum	2	1	3
27.	Gastritis, enteritis and diarrhoea	1	3	4
28.	Nephritis and nephrosis	–	2	2
29.	Hyperplasia of prostate	3	–	3
30.	Pregnancy, childbirth, abortion	–	–	–
31.	Congenital malformations	2	4	6
32.	Other defined and ill-defined diseases	24	22	46
33.	Motor vehicle accidents	4	3	7
34.	All other accidents	4	4	8
35.	Suicide	3	1	4
36.	Homicide and operations of war	–	–	–
	All Causes : Totals :	261	267	528

TABLE I

Deaths and Death Rates per 1,000 Population from Principal Causes 1957-1961

Disease	1957		1958		1959		1960		1961	
	No. of Deaths	*Death Rate*	*No. of Deaths*	*Death Rate*	*No. of Deaths*	*Death Rate*	*No. of Deaths*	*Death Rate*	*No. of Deaths*	*Death Rate*
T.B. Respiratory	3	0.05	3	0.05	5	0.08	3	0.05	2	0.03
Malignant diseases of all types ..	34	0.64	87	1.53	100	1.64	127	1.98	125	1.87
Diseases of the heart, all types ..	174	3.06	165	2.88	143	2.35	180	2.81	190	2.84
Pneumonia	22	0.41	25	0.43	18	0.30	30	0.48	21	0.31
Bronchitis	20	0.38	17	0.30	21	0.34	21	0.33	18	0.27
Suicide	7	0.13	5	0.08	9	0.15	2	0.03	4	0.05
Diabetes	2	0.04	3	0.05	1	0.06	5	0.05	—	—
Vascular lesions of the nervous system	66	1.22	64	1.12	62	1.02	63	0.99	75	1.09

TABLE II

Comparison of Local and National Birth Rates, Death Rates and Infant Mortality Rates from 1951-1961

Year	*Birth Rates per 1,000 Population*		*Death Rates per 1,000 Population*		*Infant Mortality Rates (i.e. under 1 year of age) per 1,000 Live Births*	
	Eton Rural District	*England and Wales*	*Eton Rural District*	*England and Wales*	*Eton Rural District*	*England and Wales*
1951	14.7 (634)	15.5	10.7 (463)	12.5	28.3 (18)	29.6
1952	14.5 (640)	15.3	10.2 (450)	11.3	28.1 (18)	27.6
1953	15.8 (698)	15.5	9.4 (414)	11.4	33.0 (23)	26.8
1954	16.8 (732)	15.2	8.9 (405)	11.3	27.2 (20)	25.5
1955	16.2 (769)	15.0	9.24 (436)	11.7	26.0 (20)	24.0
1956	18.5 (931)	15.7	8.6 (435)	11.7	22.6 (21)	23.8
1957	18.6 (996)	16.1	9.4 (502)	11.5	25.1 (25)	23.0
1958	17.6 (1009)	16.4	8.5 (485)	11.7	15.9 (16)	22.5
1959	19.5 (1189)	16.5	8.1 (491)	11.6	24.4 (29)	22.0
1960	18.5 (1186)	17.1	8.5 (546)	11.5	22.8 (27)	21.7
1961	17.3 (1157)	17.4	7.9 (528)	12.0	19.0 (22)	21.4

NOTE : The actual numbers are given in parenthesis for the purpose of clearer comparison.

TABLE III

Causes of Death of all Infants under 1 year of age, and Analysis of Age at Death

(From local returns before correction to place of residence)

Cause	0–1 *day*	1–7 *days*	1–4 *weeks*	*Total under 4 weeks*	4 *weeks*–3 *months*	3–6 *months*	6–9 *months*	9–12 *months*	*Total under 1 year*
Pneumonia	–	–	–	–	–	–	1	–	1
Congenital Malformation ..	2	1	–	3	–	–	–	–	3
Prematurity	13	4	–	17	–	–	–	–	17
Other Developmental Conditions..	–	1	–	1	1	–	–	–	2
All other causes	5	1	–	6	–	–	1	–	7
Totals :	20	7	–	27	1	–	2	–	30

SECTION II
TUBERCULOSIS
TABLE IV

Age Periods	New Cases and Hospital Admissions								
	Pulmonary			Non-Pulmonary				Number Admitted to Hospital	
	Male	Female	Total	Male	Female	Total	Combined Totals	New Cases	Previously Notified
0—1	–	–	–	–	–	–	–	–	–
1—5	2	1	3	1	–	1	4	2	–
5—15	1	–	1	4	–	4	5	–	1
15—25	–	2	2	–	–	–	2	–	–
25—35	4	7	11	1	–	1	12	–	1
35—45	3	3	6	1	1	2	8	4	3
45—55	4	–	4	–	–	–	4	–	1
55—65	1	2	3	–	1	1	4	–	–
65 and over ..	1	–	1	–	–	–	1	1	2
Totals : ..	16	15	31	7	2	9	40	7	8

NOTIFICATION REGISTER

TABLE V

	Pulmonary			*Non-Pulmonary*			*Combined Totals*
	Male	*Female*	*Total*	*Male*	*Female*	*Total*	
Number on Register at 1st January, 1961	469	431	900	87	83	170	1,070
Number entered by Primary Notification ..	16	15	31	7	2	9	40
Number entered other than by Primary Notification	21	9	30	–	2	2	32
Number removed from register due to :—							
(*a*) Death	1	1	2	–	–	–	2
(*b*) Removal from District	8	5	13	–	–	–	13
(*c*) Denotification	25	28	53	2	7	9	62
Number remaining on register at 21.12.61	472	421	893	92	80	172	1,065

MORTALITY

TABLE VI

Comparison of Deaths from Tuberculosis during 1961 with Previous Years

Year	*Population*	*Pulmonary*			*Non-Pulmonary*			*Combined Totals*	*Death Rate per 1,000 Population*
		Male	*Female*	*Total*	*Male*	*Female*	*Total*		
1951	42,990	3	3	6	1	1	2	8	0.18
1952	43,870	5	4	9	1	–	1	10	0.23
1953	44,170	5	–	5	–	–	–	5	0.11
1954	45,240	1	–	1	–	1	1	2	0.44
1955	47,190	–	–	–	–	–	–	–	–
1956	50,460	1	2	3	1	–	1	4	0.08
1957	53,500	3	–	3	–	–	–	3	0.05
1958	57,300	2	1	3	–	–	–	3	0.05
1959	60,920	4	1	5	–	–	–	5	0.08
1960	63,960	3	–	3	–	–	–	3	0.05
1961	66,840	1	1	2	–	–	–	2	0.03

Non-Pulmonary Tuberculosis

Sites of infection in new cases of Non-Pulmonary Tuberculosis :—

Site	*Male*	*Female*
Genital Tract	–	1
Right Hip	–	1
Left ear	1	–
Meninges	1	–
Hilar glands	1	–
Cervical glands	3	–
Wrist	1	–
	—	—

SECTION III

LABORATORY

The following specimens have been examined by the Public Health Laboratories, Reading :—

Faeces	59
Nasal swabs	12
Throat swabs	6

SECTION IV

TABLE VII

Prevalence of Notifiable Diseases

Showing cases notified during 1961, numbers admitted to hospitals and deaths. Also notifications for 1951–1960

Disease	*Cases Notified* 1961	*Cases Admitted to Hospital*	*Deaths*	*Notifications*									
				1960	1959	1958	1957	1956	1955	1954	1953	1952	1951
Dysentery	12	7	–	4	3	5	6	10	14	8	3	–	1
Encephalitis (Infective)	1	1	–	–	–	2	3	1	–	–	–	–	–
(Post Infectious)	–	–	–	–	1	–	–	–	–	3	–	–	–
Erysipelas	2	–	–	4	3	1	5	4	2	4	4	1	–
Food Poisoning	2	–	–	4	6	6	9	14	6	1	5	1	–
Measles	1,352	12	–	27	1003	126	663	71	711	29	670	422	663
Meningococcal Infection	1	1	–	1	–	–	3	–	2	1	1	2	–
Ophthalmia Neonatorum	1	1	–	7	4	2	–	1	–	–	–	1	–
Paratyphoid	–	–	–	–	–	2	3	–	1	1	–	–	
Pneumonia	9	4	21	4	27	22	19	19	26	33	51	16	24
Poliomyelitis (Paralytic)	–	–	–	1	–	3	2	4	12	1	7	10	–
(Non-Paralytic)	–	–	–	–	2	–	1	5	3	3	2	4	2
Puerperal Pyrexia	53	52	–	79	68	80	92	77	57	42	37	62	35
Scarlet Fever	17	4	–	84	102	44	39	18	28	39	153	78	11
Tuberculosis (Pulmonary)	31	11	2	22	27	26	26	30	32	23	36	32	30
(Non-Pulmonary)	9	3	–	11	3	7	6	7	6	5	4	10	3
Whooping Cough	16	2	–	30	8	32	96	53	43	32	72	22	109

TABLE VIII

Analysis of Notifiable Diseases in Age Groups

Disease	*Ages in Years of Cases Notified*												
	Under 1 year	1–2	2–3	3–4	4–5	5–10	10–15	15–25	25–35	35–45	45–65	*Over 65*	*Age Unknown*
Scarlet Fever	–	–	–	1	4	12	–	–	–	–	–	–	–
Whooping Cough ..	3	2	1	2	3	1	3	–	1	–	–	–	–
Measles	63	109	152	195	400	382	31	17	2	1	–	–	–
Pneumonia	–	–	–	–	–	–	1	–	–	–	7	1	–
Meningococcal Infection	1	–	–	–	–	–	–	–	–	–	–	–	–
Food Poisoning	–	–	–	–	–	1	–	–	–	–	1	–	–
Dysentery	2	–	–	2	1	3	–	–	4	–	–	–	–
Erysipelas	–	–	–	–	–	–	–	–	–	–	1	1	–
Puerperal Pyrexia ..	–	–	–	–	–	–	–	27	24	2	–	–	–
Ophthlamia Neonatorum	1	–	–	–	–	–	–	–	–	–	–	–	–
Encephalitis (Infective)	–	–	–	–	–	–	–	–	–	–	1	–	–

N.B.—Tuberculosis is shown in a separate table.

TABLE IX

Showing Monthly Incidence of Notifiable Diseases

Disease	*Jan.*	*Feb.*	*Mar.*	*April*	*May*	*June*	*July*	*Aug*	*Sept.*	*Oct.*	*Nov.*	*Dec.*
Scarlet Fever	1	–	1	1	2	2	2	2	1	–	2	3
Whooping Cough ..	4	3	4	1	2	2	–	–	–	–	–	–
Measles	104	172	246	229	306	126	34	20	3	9	56	47
Pneumonia	1	3	3	1	–	–	–	–	–	–	–	1
Meningococcal Infection	–	–	–	–	–	–	–	–	–	–	1	–
Food Poisoning ..	–	–	–	–	–	1	1	–	–	–	–	–
Dysentery	–	2	4	1	–	–	–	–	–	–	–	5
Erysipelas	–	1	–	–	–	–	–	–	–	–	1	–
Puerperal Pyrexia	5	5	7	4	3	2	5	5	8	4	3	2
Ophthalmia Neonatorum	–	1	–	–	–	–	–	–	–	–	–	–
Tuberculosis (Pulmonary)	1	3	2	2	4	2	3	3	4	3	3	1
Tuberculosis (Non-Pulmonary) ..	1	1	1	–	–	–	–	–	–	2	1	2
Encephalitis (Infective)	–	–	–	–	–	1	–	–	–	–	–	–

Showing Cases of Notifiable Diseases occurring in each Parish

Disease	*Burnham*	*Datchet*	*Denham*	*Dorney*	*Farnham Royal*	*Fulmer*	*Gerrards Cross*	*Hedgerley*	*Horton*	*Iver*	*Stoke Poges*	*Taplow*	*Wexham*	*Wraysbury*
Scarlet Fever ..	–	–	1	–	4	–	1	–	–	5	3	–	3	–
Whooping Cough	2	–	1	–	4	–	1	–	–	6	–	–	2	–
Measles	319	138	110	17	46	5	172	2	3	216	63	81	163	17
Pneumonia ..	–	–	–	–	–	–	–	–	–	9	–	–	–	–
Meningococcal Infection ..	–	–	–	–	–	–	–	–	–	–	–	1	–	–
Food Poisoning..	1	–	–	–	–	–	–	–	–	1	–	–	–	–
Dysentery ..	1	–	–	–	–	–	–	–	–	–	–	4	7	–
Erysipelas	–	–	–	–	–	–	–	–	–	1	–	–	1	–
Puerperal Pyrexia	–	–	–	–	24	–	–	–	–	1	–	28	–	–
Ophthalmia Neonatorum ..	–	–	–	–	1	–	–	–	–	–	–	–	–	–
Tuberculosis (Pulmonary) ..	8	2	3	–	1	–	1	–	–	9	–	5	1	1
Tuberculosis (Non-Pulmonary)	3	1	1	–	–	–	1	–	–	1	1	1	–	–
Encephalitis (Infective) ..	–	–	–	–	–	–	–	–	–	1	–	–	–	–

VACCINATION AND IMMUNISATION

Year of birth	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	15+	*Total*
Primary Diphtheria	56	361	101	43	34	34	20	16	12	12	8	4	6	2	4	–	–	713
,, Diphtheria/Whooping Cough	12	11	–	2	3	2	1	1	–	–	–	–	–	–	–	–	–	32
,, Diphtheria/Tetanus	–	2	1	–	–	–	1	2	2	–	1	1	–	–	–	–	–	10
,, Diphtheria/Whooping Cough/Tetanus	208	406	57	25	11	22	12	5	8	6	4	7	9	3	1	–	–	784
Re-Immunisation	–	–	9	9	14	522	554	74	37	37	29	25	20	12	6	–	–	1,348
Primary Whooping Cough..	109	259	35	15	3	10	2	3	1	2	–	1	–	–	–	–	–	440
Tetanus	6	69	90	54	38	21	19	17	19	14	14	14	15	5	4	4	45	448
	391	1,108	293	148	103	611	609	118	79	71	56	52	50	22	15	4	45	3,775

SMALLPOX

	Under 1	(1)	2—4	5—14	15+	*Total*
Vaccination ..	778	90	54	94	69	1,085
Re-Vaccination ..	—	—	12	40	250	302
	778	90	66	134	319	1,387

SECTION V

WATER

The following details have been supplied by the Water Undertakings : . .

The Burnham, Dorney and Hitcham Waterworks Co. Ltd.

Mains Laid—

*Slough–Maidenhead By-pass	1,240 yds. of 3-in.
New Ideal Homesteads Site (Huntercombe Lane North)	168 yds. of 4-in.
Wimpey's Housing Site (Hitcham) . .	390 yds. of 4-in.
Milner Road extension, Burnham (in place of old services)	33 yds. of 3-in.

*These mains were laid to eliminate "dead-ends" and to supply areas cut by the By-pass.

An ample supply of water has been maintained throughout the year.

The treatment consists of super-chlorination to 0.5 ppm for 30-minutes and de-chlorination automatically controlled to leave a residual of 0.15 ppm.

BACTERIOLOGICAL AND CHEMICAL ANALYSIS OF WATER

CHEMICAL RESULTS IN PARTS PER MILLION

Appearance :	Clear and bright.
Colour : Nil.	Turbidity : Less than 3.
pH : 7.2	Odour : Nil.
Electric conductivity : 600.	Free Carbon Dioxide : 30.
Chlorine present as Chloride : 29.	Dissolved solids dried at 180°C 400.
Hardness : Total : 300.	Alkalinity as Calcium Carbonate: 245.
Nitrate Nitrogen 5.7.	Carbonate: 245. Non-carbonate: 55.
Ammoniacal Nitrogen *0.000	Nitrite Nitrogen : Less than 0.01.
Albuminoid Nitrogen *0.000	Oxygen Absorbed : 0.00
Metals : Iron, Zinc. Copper and Lead : Absent.	Residual Chlorine : 0.04

* to convert to Ammonia multiply by 1.21

BACTERIOLOGICAL RESULTS

	1 *day at* 37°C	2 *days at* 37°C	3 *days at* 20°–22°C
Number of Colonies developing on Agar	0 per ml.	0 per ml.	0 per ml.
	Present in	*Absent from*	*Probable number*
Presumptive Coliform reaction . .	– ml.	100 ml.	0 per 100ml
Bact. coli (Type I)	– ml.	100 ml.	0 per 100 ml
Cl. welchii reaction	– ml.	100 ml.	

This sample is clear and bright in appearance neutral in reaction and free from iron and other metals. The water is hard in character but not to an excessive degree and it contains no excess of mineral constituents. It is of the highest standard of organic and bacterial purity.

These results are indicative of a pure and wholesome water suitable for public supply purposes.

RAW SAMPLE

	1 *day at* 37°C	2 *days at* 37°C	3 *days at* 20–22°C
Number of Colonies developing on Agar..	0 per ml.	0 per ml.	– per ml.
	Present in	*Absent from*	*Probable number*
Presumptive Coliform reaction	– ml.	100 ml.	0 per 100 ml.
Bact. coli (Type I)	– ml.	100 ml.	0 per 100 ml.
Cl. welchii reaction	.. ml.	.. ml.	

This sample is clear and bright in appearance and is of very satisfactory bacterial purity indicative of a wholesome water suitable for public supply purposes.

Borough of Slough

Mains Laid—

Duffield Estate	334 lin. yds. of 6 in. dia. C.I. Main
	15 lin. yds. of 4 in. dia. C.I. Main
	470 lin. yds. of 3 in. dia. C.I. Main
The Hall, The Green, Datchet	84 lin. yds. of 3 in. dia. C.I. Main
Pen Meadow	80 lin. yds. of 3 in. dia. C.I. Main
Stoke Court	221 lin. yds. of 4 in. dia. C.I. Main
	216 lin. yds. of 3 in. dia. C.I. Main
New Site off Datchet Road	113 lin. yds. of 3 in. dia. C.I. Main
Withycroft Estate.. ..	47 lin. yds. of 3 in. dia. C.I. Main

The supply has been sufficient in quantity and quality ; weekly bacteriological examinations confirm the high quality of the water and that it is suitable for domestic use. Chlorination is the only form of treatment required. An analysis of the water was made during the year, and was as follows :—

CHEMICAL RESULTS IN PARTS PER MILLION

Appearance :	Bright with very slight deposit.
Colour : 3.	Turbidity : Less than 3.
pH : 7.3.	Odour : Nil.
Electric conductivity : 610.	Free Carbon Dioxide : 24.
Alkalinity as Ca CO3 : 240.	Carbonate : 240.
Hardness : Total : *320.	Non-carbonate : 80.
Nitrate Nitrogen : 3.1.	Nitrite Nitrogen : Absent.
Ammoniacal Nitrogen : 0.000.	Oxygen Absorbed : 0.50.
Albuminoid Nitrogen : 0.000.	Residual Chlorine : Absent.

Metals : Iron, Zinc, Copper, Lead and Manganese : Absent.
Fluoride (F) : 0.54§

* Calculated from the calcium and magnesium contents.

BACTERIOLOGICAL RESULTS

	1 day at 37°C	*2 days at 37°C*	*3 days at 20 – 22°C*
Number of Colonies developing on Agar. per ml. in. ..	...	...	...
	Present in	*Absent from*	*Probable number*
Presumptive Coliform reaction	... ml.	... ml.	... per 100 ml.
Bact. coli. (Type I)	... ml.	... ml.	... per 100 ml.
Cl. welchii reaction	... ml.	... ml.	

§ Perchloric distillation — thorium nitrate titration.

Rickmansworth and Uxbridge Valley Water Company

Mains Laid—

Post Meadow, Iver	58 yds. of 2 in.
Road off Fulmer Drive, Gerrards Cross ..	116 yds. of 3 in.
	445 yds. of 4 in.
Thorney Mill Road, Iver	789 yds. of 12 in.
Roads off Bangors Road North, Iver ..	89 yds. of 3 in.
	231 yds. of 4 in.
Road off Stanwell Road, Horton	127 yds. of 3 in.
Road off Ashmead Lane, Denham ..	27 yds. of 3 in.
	36 yds. of 2 in.
Link Way, Denham	195 yds. of 6 in.
	89 yds. of 4 in.

BACTERIOLOGICAL EXAMINATION OF A SAMPLE OF WATER

Residual Chlorine	.10 ppm.
Number of colonies developing on Agar in 2 days at 37°C	1 per ml.
Number of colonies developing on Agar in 3 days at 20°C	0 per ml.
Presumptive Coli-aerogenes :—	
Probable number	0 per 100 ml.
Bact. coli (Type I) :—	
Probable number	0 per 100 ml.

This water conforms to the highest standard of bacterial purity.

CHEMICAL EXAMINATION OF A SAMPLE OF WATER

Colour :	Nil. (Hazen).	Chloride (Cl)	24 ppm.
Turbidity : (SiO_2)	Nil.	Alkalinity (CaC03)	260 ppm.
Odour :	Nil.	Hardness (CaC03)	
Taste :	Normal.	Carbonate	260 ppm.
pH :	7.5.	Non-carbonate	25 ppm.
Electrical Conductivity (20°C)	520.	Total :	285 ppm.
Total Solids : (180°C)	355 ppm.	Residual Chlorine(Cl_2)	Nil ppm.
Nitrate (N) :	4.6 ppm.	Copper :	.02 ppm.
Nitrite (N) :	.007 ppm.	Iron :	Nil ppm.
Ammonia (N)	Nil ppm.	Zinc :	.2 ppm.
Albuminoid Nitrogen(N):	Nil ppm.		

This water is moderately hard in character and contains no excess of mineral or saline constituents in solution. It conforms to the highest standard of organic quality.

BACTERIOLOGICAL SAMPLES COLLECTED FROM SWIMMING POOLS AND BATHING PLACES

(1) *Name of Swimming Pool or Bathing Place*	(2) *Controlled by*	(3) *Date*	(4) *Result*	(5) *Remarks*
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	25.1.61	Satisfactory	
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Comm.	2.3.61	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	2.3.61	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	25.3.61	Satisfactory	
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Comm.	19.4.61	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	27.4.61	Satisfactory	
Burnham Beeches (Inlet)	Privately owned	11.5.61	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	31.5.61	Satisfactory	
Duffield House, Stoke Poges (Inlet)	Privately owned	19.6.61	Satisfactory	
Burnham Beeches (Outlet)	Privately owned	20.6.61	Satisfactory	
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Comm.	20.6.61	Satisfactory	
Farnham Park Rehabilitation Centre (Inlet)	Windsor Group Management Comm.	21.6.61	Satisfactory	
Duffield House, Stoke Poges (Outlet)	Privately owned	21.6.61	Satisfactory	
Duffield House, Stoke Poges (Outlet)	Privately owned	5.7.61	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	6.7.61	Unsatisfactory	
Burnham Beeches (Main Pool) (Inlet No. 2)	Privately owned	6.7.61	Unsatisfactory	
Burnham Beeches (Kiddies Pool) (Inlet)	Privately owned	6.7.61	Satisfactory	
Burnham Beeches (Kiddies Pool) (Outlet)	Privately owned	6.7.61	Satisfactory	
Canadian Red Cross Memorial Hospital (Outlet)	Windsor Group Management Comm.	6.7.61	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	12.7.61	Satisfactory	
Duffield House, Stoke Poges (Outlet)	Privately owned	12.7.61	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	13.7.61	Unsatisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	13.7.61	Unsatisfactory	
Burnham Beeches (Kiddies Pool) (Outlet)	Privately owned	13.7.61	Unsatisfactory	
Burnham Beeches (Kiddies Pool) (Inlet)	Privately owned	13.7.61	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	18.7.61	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	18.7.61	Satisfactory	
Burnham Beeches (Kiddies Pool) (Inlet)	Privately owned	18.7.61	Satisfactory	
Burnham Beeches (Kiddies Pool) (Outlet)	Privately owned	18.7.61	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	18.7.61	Satisfactory	
Duffield House, Stoke Poges (Outlet)	Privately owned	27.7.61	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	3.8.61	Satisfactory	

BACTERIOLOGICAL SAMPLES COLLECTED FROM SWIMMING POOLS AND BATHING PLACES–*cont.*

(1) *Name of Swimming Pool or Bathing Place*	(2) *Controlled by*	(3) *Date*	(4) *Result*	(5) *Remarks*
Burnham Beeches (Main Pool) (Outlet)	Privately owned	3.8.61	Satisfactory	
Burnham Beeches (Kiddies Pool) (Inlet)	Privately owned	3.8.61	Unsatisfactory	
Burnham Beeches (Kiddies Pool) (Outlet)	Privately owned	3.8.61	Unsatisfactory	
Burnham Beeches (Kiddies Pool) (Inlet)	Privately owned	8.8.61	Satisfactory	
Burnham Beeches (Kiddies Pool) (Outlet)	Privately owned	8.8.61	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	8.8.61	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	8.8.61	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	10.8.61	Satisfactory	
Duffield House, Stoke Poges (Outlet)	Privately owned	10.8.61	Satisfactory	
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Comm.	22.8.61	Satisfactory	
Canadian Red Cross Memorial Hospital (Outlet)	Windsor Group Management Comm.	22.8.61	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	22.8.61	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	22.8.61	Satisfactory	
Burnham Beeches (Kiddies Pool) (Inlet)	Privately owned	22.8.61	Satisfactory	
Burnham Beeches (Kiddies Pool) (Outlet)	Privately owned	22.8.61	Satisfactory	
Farnham Park Rehabilitation Centre (Inlet)	Windsor Group Management Comm.	30.8.61	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	7.9.61	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	7.9.61	Satisfactory	
Burnham Beeches (Kiddies Pool) (Inlet)	Privately owned	7.9.61	Satisfactory	
Burnham Beeches (Kiddies Pool) (Outlet)	Privately owned	7.9.61	Satisfactory	
Duffield House, Stoke Poges (Outlet)	Privately owned	7.9.61	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	20.9.61	Satisfactory	
Burnham Beeches (Main Pool) (Inlet)	Privately owned	20.9.61	Satisfactory	
Burnham Beeches (Kiddies Pool) (Inlet)	Privately owned	20.9.61	Satisfactory	
Burnham Beeches (Kiddies Pool) (Outlet)	Privately owned	20.9.61	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	20.9.61	Satisfactory	
Farnham Park Rehabilitation Centre (Inlet)	Windsor Group Management Comm.	19.10.61	Satisfactory	
Farnham Park Rehabilitation Centre (Inlet)	Windsor Group Management Comm.	15.11.61	Satisfactory	
Canadian Red Cross Memorial Hospital (Inlet)	Windsor Group Management Comm.	15.11.61	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	23.11.61	Satisfactory	
Farnham Park Rehabilitation Centre (Outlet)	Windsor Group Management Comm.	14.12.61	Satisfactory	

(1) *Parish*	(2) *Water Undertaking*	(3) *Date*	(4) *Result*	(5) *Remarks*
Iver	Rickmansworth & Uxbridge Valley Water Co.	5.1.61	Satisfactory	
Burnham	Burnham, Dorney & Hitcham Water Co.	5.1.61	Satisfactory	
Datchet	Slough Borough Water Department	5.1.61	Satisfactory	
Wexham	Slough Borough Water Department	5.1.61	Satisfactory	
Farnham Royal	Burnham, Dorney & Hitcham Water Co.	25.1.61	Satisfactory	
Wexham	Slough Borough Water Department	2.3.61	Satisfactory	
Iver	Rickmansworth & Uxbridge Valley Water Co.	2.3.61	Satisfactory	
Burnham	Burnham, Dorney & Hitcham Water Co.	2.3.61	Satisfactory	
Fulmer	Rickmansworth & Uxbridge Valley Water Co.	2.3.61	Satisfactory	
Fulmer	Rickmansworth & Uxbridge Valley Water Co.	27.4.61	Satisfactory	
Taplow	Burnham, Dorney & Hitcham Water Co.	11.5.61	Satisfactory	
Farnham Royal	Burnham, Dorney & Hitcham Water Co.	31.5.61	Satisfactory	
Gerrards Cross	Rickmansworth & Uxbridge Valley Water Co.	21.6.61	Satisfactory	
Stoke Poges	Slough Borough Water Department	12.7.61	Satisfactory	
Datchet	Slough Borough Water Department	8.8.61	Satisfactory	
Hedgerley	Rickmansworth & Uxbridge Valley Water Co.	30.8.61	Satisfactory	
Wexham	Slough Borough Water Department	7.9.61	Satisfactory	
Iver	Rickmansworth & Uxbridge Valley Water Co.	7.9.61	Satisfactory	
Datchet	Slough Borough Water Department	14.9.61	Satisfactory	
Wexham	Slough Borough Water Department	14.9.61	Satisfactory	
Stoke Poges	Slough Borough Water Department	14.9.61	Satisfactory	
Wraysbury	Rickmansworth & Uxbridge Valley Water Co.	14.9.61	Satisfactory	
Gerrards Cross	Rickmansworth & Uxbridge Valley Water Co.	26.9.61	Satisfactory	
Datchet	Slough Borough Water Department	2.10.61	Satisfactory	
Datchet	Slough Borough Water Department	5.10.61	Satisfactory	
Datchet	Slough Borough Water Department	5.10.61	Satisfactory	
Datchet	Slough Borough Water Department	5.10.61	Unsatisfactory	
Datchet	Slough Borough Water Department	10.10.61	Satisfactory	
Stoke Poges	Slough Borough Water Department	23.11.61	Satisfactory	
Stoke Poges	Slough Borough Water Department	30.11.61	Satisfactory	
Farnham Royal	Burnham, Dorney & Hitcham Water Co.	30.11.61	Satisfactory	
Iver	Rickmansworth & Uxbridge Valley Water Co.	7.12.61	Satisfactory	

Total number examined = 32.

WATER SUPPLIES USED FOR DRINKING AND DOMESTIC PURPOSES

Samples Taken Other Than From Mains

Type of Sample Taken	*Unsatisfactory*	*Satisfactory*	*Doubtful*	*Total*
Bacteriological	41	127	4	172
Chemical	29	104	–	133

In response to the Ministry of Health's circular letter Ref:1/62 dated 18th January, 1962, concerning water supplies the information requested is as follows :—

(a) Apart from a comparatively small number of shallow wells, principally in the Parish of Wraysbury, supplying drinking and domestic needs to dwellinghouses and which either on bacteriological or chemical examination or both have been found unsatisfactory, the water supply of the area generally and of its several parts has been satisfactory in quality and quantity.

(b) The data set out in this Report in relation to piped water supply, i.e. mains supply, indicates the scale of routine sampling for bacteriological examination carried out of water going into supply. Reports on the analyses of raw and treated water are included.

(c) The results of analyses of mains water supply do not indicate any liability to have plumbo-solvent action.

(d) Contamination of mains supply did not arise consequently no action was found necessary. However in the case of domestic supplies from shallow wells where examination revealed contamination the first step taken was to advise dwellinghouse occupants of the necessity of boiling water before use for drinking. Secondly, the taking of check samples and if still unsatisfactory an approach to the owner of the property involved was made suggesting, depending upon circumstances, means of removing the source of contamination or alternatively deepening the well or bore. In instances where a pocket of development relies on well supplies for drinking and domestic use and where it was found that the majority of shallow wells involved were contaminated an extension of mains supply was arranged.

(e) The following table sets out the approximate number of dwellinghouses and the estimated population, broken down into parishes, supplied from public mains direct to houses and the number on wells supplies. So far as is known there are no dwellinghouses supplied from communal water standpipes

Parish	(a) *No. of dwelling-houses in each parish*	(b) *Approx. No. of dwelling-houses on private well*	(c) *Dwelling-houses on Public Mains*	(d) *Estimated population served by dwelling-houses in column (c)*
Burnham	4156	–	4156	15,000
Datchet	1226	8	1218	4,360
Denham	2046	–	2046	7,000
Dorney	275	–	275	750
Farnham Royal..	1292	–	1292	3,550
Fulmer	234	7	227	580
Gerrards Cross..	1677	3	1674	5,790
Hedgerley	282	1	281	750
Horton and Wraysbury ..	1459	170	1289	4,000
Iver	3018	–	3018	11,000
Stoke Poges ..	1170	–	1170	4,000
Taplow	580	21	559	1,840
Wexham	1630	–	1630	6,750

SECTION VI

GENERAL SANITATION

(a) **Sewer Extensions commenced or under construction during the year.**

(1) *Farnham Royal Main Drainage.*
Contract in progress during the whole year. Some 9½ miles of sewers have been laid in this contract and 90% of which are now in use.

(2) *Crown Lane Main Drainage.*
This contract was commenced during the year. None of the sewers are yet in use.

(b) **Sewerage Schemes completed during the year.**

(1) *Middle Green Main Drainage.*
Comprising approximately 2 miles of sewers, a pumping station and pumping main.

(2) *Wyatts Covert, Denham.*
The Council's caravan site at Wyatts Covert, Denham, was put on main drainage by the construction of a pumping station and pumping main.

(3) *Link Way Surface Water Sewer, Denham*
Approximately 500 yds. of surface water sewer was constructed in Link Way and Savay Lane, Denham, to relieve flooding.

(4) *Burnham, Dorney and Taplow Main Drainage.*
Approximately 400 yds. of sewer were constructed in Burnham from Eastfield Road to Hitcham Road in advance of the main scheme to relieve flooding.

(5) *Gerrards Cross Relief Sewer.*
Approximately 300 yds. of sewer were constructed off Mill Lane, Gerrards Cross, in advance of the main scheme. This sewer is in use serving recent building development.

(c) **Schemes proposed to start in 1962.**

(1) *George Green Watercourse.*
Tenders received for improvement between Uxbridge Road and Middle Green.

(2) *Burnham, Dorney and Taplow Main Drainage.*
To be submitted to the Ministry for approval to invite tenders.

(3) *Reconstruction of Burnham Sewage Works.*
To be submitted to the Ministry for approval to invite tenders.

(4) *Gerrards Cross Relief Sewer.*
Tenders to be received with a view to commencing by July or August.

(5) *Wraysbury Main Drainage.*
First section to be submitted to the Ministry for approval to invite tenders.

(6) *Linkswood Road, Burnham.*
Scheme to be prepared for submission to the Ministry.

(7) *Hockley Hole, Stoke Poges.*
Scheme to be prepared for submission to the Ministry.

(8) *Wood Lane, Iver.*
Scheme to be prepared for submission to the Ministry.

(d) **Number of premises converted from conservancy to main drainage**

549.

(e) **Number of—**

(1) New Council housing units completed
56.

(2) Others
295.

SECTION VII

CLINICS AND TREATMENT CENTRES

Maternity and Child Welfare Clinics

Centre	*Location*	*Sessions*	*Sessions with Medical Officer*
Burnham	Village Hall, Gore Road	Each Wednesday	1st & 3rd Wednesday
Burnham (Lent Rise)	Methodist Hall Lent Rise	2nd & 4th Thursday	2nd & 4th Thursday
Burnham	1, Wentworth Avenue, Britwell Estate	Each Friday	Each Friday
Colnbrook	Assembly Rms., Colnbrook	2nd & 4th Tuesday	4th Tuesday
Datchet	Village Hall, Datchet	2nd & 4th Wednesday	2nd & 4th Wednesday
Denham	Health Centre, Oxford Road	Each Wednesday	1st, 2nd & 4th Wednesday
Dorney	Village Hall, Dorney	1st & 3rd Tuesday	1st Tuesday
Farnham Common	Village Hall, Victoria Road	2nd & 4th Monday	4th Monday
Gerrards Cross	British Legion Hall	1st & 3rd Friday	3rd Friday
Horton	Champney Hall	1st & 3rd Wednesday	1st Wednesday
Iver	Church Institute Thorney Lane	1st & 3rd Wednesday	3rd Wednesday
Iver	St. Leonards Church Hall, Richings Park	2nd & 4th Monday	2nd Monday
Iver Heath	Village Hall	2nd & 4th Wednesday	4th Wednesday
Stoke Poges	Village Hall	2nd & 4th Tuesday	2nd & 4th Tuesday
Wraysbury	Village Hall	2nd & 4th Thursday	2nd Thursday
Wexham	Health Centre, Knolton Way, Wexham Court Estate	Every Friday	Every Friday

CLINICS

Tuberculosis

The Chest Clinic is at Upton Hospital, Slough, where appointments may be made with the Physician in Charge.

Venereal Diseases

King Edward VII Hospital, Windsor.
Hillingdon Hospital.
Royal Berkshire Hospital, Reading.

Family Planning Clinics

Slough	Upton Hospital Slough.	
	Mondays	6 p.m.—7.30 p.m.
	Tuesdays	6 p.m.—7.30 p.m.
	Wednesdays	11 a.m.–12.30 p.m.
Slough :	Health Centre, Burlington Road, Slough.	
	Fridays	2.15 p.m.—4 p.m.
High Wycombe :	Health Centre, The Rye, High Wycombe.	
	Tuesdays	2 p.m.

Ante and Post Natal Clinics

King Edward VII Hospital, Windsor	Ante-Natal	Monday mornings
King Edward VII Hospital, Old Windsor Unit	Ante- and Post-Natal	Wednesday and Friday mornings
Canadian Red Cross Memorial Hospital, Taplow	Ante-Natal	Every Thursday morning
Colinswood Maternity Home, Farnham Common	Ante- and Post-Natal	Every 3rd Monday morning and every Wednesday morning
Upton Hospital, Slough	Ante- and Post-Natal	Monday morning and afternoon and Thursday and Friday afternoon (Ante-Natal) Monday afternoon and Friday afternoon (Post-Natal)

Registered Nursing Homes

Location and further particulars of registered nursing homes in the Eton Rural District may be obained from the Medical Officer of Health.

HOSPITALS

The area is served by the following hospitals :—

General Hospitals

Canadian Red Cross Memorial Hospital, Taplow, Nr. Maidenhead, Berks.
King Edward VII Hospital, Windsor.
Old Windsor Hospital, Crimp Hill Road, Old Windsor, Berks.
Upton Hospital, Slough.
Maidenhead General Hospital, Maidenhead.

Infectious Diseases Hospitals

Maidenhead Isolation Hospital, Maidenhead.
St. John's Hospital, Uxbridge.

Chronic Sick

St. Mark's Hospital, Maidenhead.
Old Windsor Hospital, Old Windsor.

Part III Accommodation

Upton Hospital, Slough.
Old Windsor Hospital, Old Windsor.

Maternity Accommodation

Canadian Red Cross Memorial Hospital, Taplow.
Colinswood Maternity Home, Farnham Common.
Old Windsor Hospital, Old Windsor.
Princess Christian Nursing Home, Clarence Road, Windsor.
Upton Hospital, Slough.

ANNUAL REPORT

OF THE

CHIEF PUBLIC HEALTH INSPECTOR

for the year 1961

Mr. Chairman, Ladies and Gentlemen,

This is the fourth occasion on which I am pleased to add my contribution to an Annual Report. As will be noted from the data set out every aspect of the duties devolving upon the Department has been covered. In particular the frequency of routine inspection of premises, which could be described as analogous to the policeman on the beat and so very important in the prevention of ill health, was well maintained.

Analysis of the Department's work during 1961 calls for special mention of certain matters. There were substantial inroads into the Council's programme of clearance or closure of unfit properties including a number of caravans and other moveable dwellings. Parallel with this repair and reconditioning of houses continued. Caravan sites, both individual and multiple, engaged the Department in considerable work following the coming into force of the Caravan Sites and Control of Development Act, 1960. In that connection it is pleasing to record that administratively the smooth running of the new licensing procedure was achieved by the excellent liaison that existed with the Area Planning Office of the Bucks County Council. At the end of 1961 there was a further overall reduction in the number of caravans stationed within the Council's district. One important aspect of work was the survey carried out of caravans and other types of vehicles occupied by gypsies and fellow travellers on unauthorised sites. In the previous Annual Report attention was directed to the problems created by these itinerants and it was following the survey that the Council decided to set up and operate a caravan site as the first step in an endeavour to habilitate families with roots in the Council's district. This positive approach to what is essentially a social problem was later endorsed by the Ministry of Housing and Local Government in a circular to local authorities on the subject.

Prevention of atmospheric pollution is very much in the public mind today. With a view to the possible creation of future smoke control areas investigation of the scale of air pollution was commenced and a measuring station set up in Burnham. The Department of Scientific and Industrial Research are kept advised of readings from this station.

Throughout the year and particularly during the summer months attention continued to be paid to the bacteriological quality of water in swimming and therapeutic pools. Regular sampling was carried out and as a further step towards better control over

public pools the Council applied to the Ministry for confirmation of byelaws based on those of the Ministry's model.

The inspection of food and food premises again figured high in the duties of the Department. A satisfactory standard of cleanliness obtained generally but there were instances reported to the Committee of breaches of the Food Hygiene Regulations and the sale of unfit food. Most of these contraventions were dealt with by warning letters but in two cases prosecutions followed. There was also a case where following a report of insanitary and other unsatisfactory conditions at ice cream premises the Committee, after inviting the business owners to appear before them, cancelled the registration under the Food and Drugs Act. Routine informal sampling of cooked meats for bacteriological examination was commenced.

As our standard of living improves we are becoming more discerning in the aesthetic approach to our environment. Not only must we be satisfied on the hygiene aspects but we are becoming increasingly critical of anything in our everyday life that offends the senses of seeing, hearing and smelling. It is a good thing that we are becoming more amenity and behaviour conscious. There are however many occasions when on investigation of a complaint the circumstances prompting that complaint can be well appreciated but it has to be explained that the Council's statutory powers to remove the source of annoyance are restricted. Maybe a particular noise, the obstruction of daylight into a room caused by an overhanging tree in a neighbour's garden, perhaps the smell from a nearby piggery or the unsightliness of some non-putrescible rubbish dumped on a piece of unfenced derelict land offends but proving it, if necessary, to a court of law to be a nuisance or that it creates conditions prejudicial to health is not an easy matter. Complaints to the Department of this nature, difficult though they may be, are not dealt with by inaction and in most cases an informal approach suffices and usually ends in satisfaction to the complainant.

Finally, I would again take the opportunity of expressing my appreciation of the assistance given to me by the Clerk, the Medical Officer of Health and other colleague Chief Officers. In addition the staunch support of the staff is acknowledged.

I am,

Your Obedient Servant,

A. H. V. MARSDEN,

Chief Public Health Inspector.

SECTION VIII

INSPECTION AND SUPERVISION OF FOOD

Ice Cream

8 new applications were received for the storage and sale of ice cream making a total of 151 on the register.

53 samples of ice cream and 26 of iced lollies were submitted for examination with the under-mentioned results :—

Ice Cream	
Grade I	52
Grade II	1
Grade III	–
Grade IV	–
Iced Lollies	
Satisfactory	26
Unsatisfactory	–
Doubtful	–

In addition 1 sample of Mousse was submitted for examination, the result of which was satisfactory.

8 samples of cooked meats were submitted for bacteriological examination. All were satisfactory.

MEAT AND OTHER FOODS

(a) Meat

	Cattle except Cows	*Cows*	*Calves*	*Sheep and Lambs*	*Pigs*	*Horses*
Number killed	10	Nil	1	Nil	Nil	Nil
Number inspected	10	Nil	1	Nil	Nil	Nil
All diseases except Tuberculosis and Cysticerci Whole carcases condemned	Nil	Nil	Nil	Nil	Nil	Nil
Carcases of which some part or organ was condemned ..	Nil	Nil	Nil	Nil	Nil	Nil
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	Nil	Nil	Nil	Nil	Nil	Nil
Tuberculosis only Whole carcases condemned	Nil	Nil	Nil	Nil	Nil	Nil
Carcases of which some part or organ was condemned ..	Nil	Nil	Nil	Nil	Nil	Nil
Percentage of the number inspected affected with Tuberculosis	Nil	Nil	Nil	Nil	Nil	Nil
Cysticercosis Carcases of which some part or organ was condemned ..	Nil	Nil	Nil	Nil	Nil	Nil

(b) Other Foods (Condemned)

17 lbs. Pigs Kidneys
2 lbs. Pigs Spleens
116 lbs. Pork
36 lbs. Lamb
28 lbs. Forequarter
6 stone Dogfish
18 Tins Pork
8 Tins Pork Luncheon Meat
2 Tins Lambs Livers
1 Tin Pork Liver
3 Tins Corned Beef
34 Jars Jam
3 Tins Peas
4 Tins Tomatoes
1 Tin Beef Steak
2 Tins Tongue
5 Tins Milk
2 Tins Butter Beans
2 Tins Salmon
9 Tins Ham
18 Pkts. Mallowcreams

The Department was called in on several occasions to advise on the contents of refrigerated cabinets where there had been mechanical or electrical failures. The following foods were surrendered as a result :—

9 Pkts. Mousse	18½ lbs. Scrag
206 Pkts. Peas	18½ lbs. Boneless Veal
85 Pkts. Mixed Vegetables	3 lbs. Breast
4 Pkts. Potato Crisps	4½ lbs. Calves Livers
8 Pkts. Sponge	4½ lbs. Lambs Hearts
52 Pkts. Mixed Fruit	4½ lbs. Beef Scraps
32 Pkts. Assorted Pastry	3 lbs. Chicken
26 Pkts. Meat Preparations	3¾ lbs. Flank
101 Pkts. Fish	22 lbs. Brisket
10 Jars Cream	3 lbs. Shoulder of Lamb
3 Pkts. Pork Sausages	5¼ lbs. Rib of Pork
14 Pkts. Fish Cakes	3 lbs. Sirloin
36 Pkts. Fish Fingers	5¾ lbs. Stewing Lamb
33 Pkts. Chicken	½ lb. Pork Chops
448 Pkts. Vol-au-Vents	½ lb. Mixed Grill
1 Pkt. Beef	2½ lbs. Pork Fillets
A quantity of pastry	4¼ lbs. Leg of Lamb

SLAUGHTERHOUSES AND KNACKER YARDS, ETC.

Slaughter of Animals Act, 1958.

Renewals	6
New Licences	Nil

Game Licences

Renewals	13

The Slaughter of Animals (Prevention of Cruelty) Regulations, 1958

As required by Article 31, the following Annual Return for the year under review was received from the occupier of the knacker's yard operating in the District.

Horses slaughtered	3
Horse carcases received	32

Several visits were made to the premises concerned and on all occasions conditions found were satisfactory.

Slaughterhouse Act, 1958

In this district there is one licensed slaughterhouse only, the bulk of the meat sold in the district being received from London. The statutory inspection required by the Food and Drugs Act, 1955, was made. Conditions found were satisfactory and the licence was renewed to the end of the year.

SECTION IX

RODENT INFESTATION AND DESTRUCTION, ETC.

Notifications of Infestations	504
Visits to private premises	1,917
Visits to business premises	113
Visits to Local Authority premises	47
Inspection of agricultural premises	157

DISINFECTIONS AND DISINFESTATIONS

Disinfection of premises in respect of :—

T.B.	6
Removal of bedding for steam disinfection	4

In addition there were five instances where bedding was steam disinfected after cases of non-notifiable diseases.

Disinfestations :—

For Ants	2
Beetles	1
Bugs	17
Crickets	1
Earwigs	3
Fleas	1
Flies	11
Lice	1
Woodworm	1

SECTION X

1. INSPECTIONS for Purposes of Provisions as to Health

(Including inspections made by Public Health Inspectors)

	Premises (1)	*Number on Register* (2)	*Number of*		*Occupiers Prosecuted* (5)
			Inspections (3)	*Written Notices* (4)	
(i)	Factories in which Sections 1, 2, 3, 4, and 6, are to be enforced by Local Authorities	19	24	–	–
(ii)	Factories not included in (i) in which Section 7 is enforced by the Local Authority	149	226	10	–
(iii)	Other premises in which Section 7 is enforced by the Local Authority	8	23	–	–
	Total :	176	273	10	–

2. CASES IN WHICH DEFECTS WERE FOUND

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

Particulars (1)	*Number of cases in which defects were found*				*Number of cases in which prosecutions were instituted* (6)
	Found (2)	*Remedied* (3)	*Referred*		
			To H.M Inspector (4)	*By H.M Inspector* (5)	
Want of Cleanliness (S.1.)	7	7	–	2	–
Overcrowding (S.2.)	–	–	–	–	–
Unreasonable temperature (S.3.)	–	–	–	–	–
Inadequate ventilation (S.4.)	5	5	–	3	–
Ineffective drainage of floors (S.6.)	–	–	–	–	–
Sanitary conveniences (S.7.) :					
(a) Insufficient	1	1	–	1	–
(b) Unsuitable or defective	–	–	–	–	–
(c) Not separate for sexes	–	–	–	–	–
Other offences against the Act (not including offences relating to outwork)	–	–	–	–	–
	13	13	–	6	–

Outworkers inspections 8

Workplaces inspections 38

SECTION XI

HOUSING

(a) New Houses

Houses completed during the year :—

	1961	1960	1959	1958	1957
1. By the Council ..	56*	126*	72*	144*	105*
2. By Private Enterprise	295	580	640	480	230

* Does not include those built by Slough Borough Council and/or London County Council.

(b) Unfit Houses

Returns continue to be submitted to the Ministry of Housing and Local Government relating to clearance areas, demolition and closing orders, undertakings and repair of houses under the Housing Acts, 1936 to 1957 ; Public Health Act, 1936 and the Rent Act, 1957.

The following is a brief summary of those returns :—

Houses demolished as a result of formal action under Housing Act	53
Houses closed in pursuance of Closing Orders and/or Undertakings	1
Parts of buildings closed	—
Houses made fit following formal action under Housing Act or Public Health Act	16
Houses made fit following informal action under Housing Act or Public Health Act ..	87

Following the practice already established the Unfit Houses Sub-Committee made two tours during which a total of 31 properties were seen.

The appropriate resolutions were passed by the Council in respect of two Clearance Areas (Nos. 121 and 122 inclusive) twelve houses being involved.

Formal individual action was taken in respect of 34 properties as a result of which 27 Demolition Orders and 3 Closing Orders were made and 4 Undertakings were accepted.

(c) Improvement Grants, Housing Act, 1949

Applications under investigation at beginning of year	5
Received	37
Approved	30
Withdrawn after formal approval	Nil
Withdrawn prior to formal approval	3
Rejected	3
Under investigation at end of the year ..	6

SECTION XII

OTHER MATTERS

Petroleum (Regulation) Acts, 1928 and 1936

Licence Applications

Renewals	131
New	7

Total Licence Capacity at 31st December, 1961

Petroleum Spirit	343,795 gallons
Petroleum Mixtures	2,108 gallons

Pet Animals Act 1951

No applications were received for a licence under this Act.

Rag Flock and Other Filling Materials Act, 1951

One premises registered.

Clean Air Act, 1956

223 visits and observations were made during the year. During the year a volumetric instrument was installed in Burnham for the calculation of smoke and sulphur dioxide concentration in the atmosphere in co-operation with the Department of Scientific and Industrial Research and readings from the instrument were submitted to Warren Spring Laboratory from the 1st October.

Miscellaneous Matters

The following were received for information and observations :

Local Land Charge search enquiries	1,636
Plans and Applications (Building Byelaws and Town and Country Planning)	2,140

SECTION XIII

VISITS AND INSPECTIONS

(a) **Public Health Acts**

Primary Inspections, Houses	338
Primary Inspections, Others	157
Revisits re above	612
Moveable Dwellings, Sites	604
Moveable Dwellings, Individuals	851
Infectious Diseases and Disinfection	167
Places of Public Entertainment	15
Schools	24
Offices	4
Workplaces	38
Water Supplies	566
Swimming Pools	85
Watercourses and Ditches	257
Drainage	898
Sewage and Drainage Disposal	735
Dirty and Verminous Premises	41
Insect Infestations	125
Offensive Accumulations	47
Keeping of Animals	156
Fairgrounds	9
Public Conveniences	39
Refuse Disposal	274
Houseboats	1
Licensed Premises	19
Miscellaneous	221

(b) **Housing Acts**

Houses, Primary Inspections	442
Revisits re above	1,092
Overcrowding	22
Miscellaneous	36
Rent Act	
Certificates, etc.	19

(c) **Factories Act**

Factories—Motive	226
Factories—Non-motive	24
Outworkers Premises	8
Building Sites	23

(d) **Food and Drugs Act**

Butchers	234
Fishmongers and Poulterers	49
Greengrocers and Fruiterers	64

Grocers	219
Confectioners, Flour and Sugar	86
Bakehouses	68
Licensed Premises	58
Restaurants and Cafes	155
Canteens	47
Street Food Vendors	70
Milk Premises and Sampling	7
Ice Cream Premises and Sampling	146
Knacker's Yard	42
Slaughterhouses	13
Food Inspection—Meat	22
Food Inspection—Other Foods	51
Chemists	2
Retail Bakeries	4
Hostels	1
Cattle Market	4

(c) **Shops Acts**

Inspections	109

Petroleum Acts

Inspections	596

Pet Animals Act

Inspections	2

Rag Flock Act

Inspections	2

Clean Air Act

Visits and observations	223

National Assistance Act

Visits	27

Bucks County Council Act

Hairdressers—Visits	29

Noise Abatement Act

Visits	21

Water Abstraction Regulations

Visits	15